

Information Item R

Texas Resilience and Recovery Waiting List Maintenance Manual

Introduction

The purpose of this Texas Resilience and Recovery (TRR) Waiting List Maintenance Manual is to outline the requirements that apply to the computerized waiting list system in WebCARE designed for TRR. These requirements are set forth in the Authority and Administrative Services section of the Performance Contract Notebook.

The TRR Level of Care Waiting List must be reviewed and updated on a routine basis and is comprised of individuals (children, youth, or adults) who are underserved due to resource limitations as well as those who have been authorized to the Waiting List (LOC-8) and are waiting for all services due to capacity. Contractors with a Waiting List (LOC-8) for more than 30 days must provide notice to HHSC by submitting Form II.

Development of the TRR Level of Care Waiting List

The Performance Contract requires Contractors to provide HHSC with various data regarding systems operation. One of these requirements relates to the provision of accurate, current and comprehensive waiting list data. HHSC uses this information for a number of essential activities, including: appropriations requests, allocation of resources and strategic planning. This manual is intended to ensure consistency and standardization of waiting list data across the community systems. Clients (child, youth, or adult) are placed on the TRR Level of Care Waiting List through the steps outlined below:

1. The first step is registering the client in the Clinical Management for Behavioral Health Services (CMBHS) system.
2. The second step is the completion of, the Adult Needs and Strengths Assessment (ANSA) or Child and Adolescent Needs and Strengths (CANS) assessment) to determine the recommended Level of Care. If the uniform assessment recommends crisis services, crisis services must be provided immediately according to the Community Mental Health Services Standards. A person in crisis may never be put on the Waiting List.
3. If the uniform assessment recommends a Level of Care greater than LOC-1 for a client and resource limitations preclude the client from receiving the recommended Level of Care, the next lower, appropriate Level of Care must be offered to the client. If that next lower, appropriate Level of Care is not available due to resource limitations, the next lower, appropriate Level of Care must be offered. If the client accepts the lower Level of Care, this Level of Care is authorized and the client is placed on the TRR Waiting List as underserved due to resource limitations.

4. If the assessment recommends a specific Level of Care for a client and resource limitations preclude the client from receiving that recommended Level of Care, the client may refuse the next lower Level of Care. If the client chooses to be placed on the waiting list, the QMHP-CS may recommend that the client be authorized for LOC – 8: Waiting for All Services.
5. If the uniform assessment recommends LOC-1 for a client and resource limitations preclude the client from receiving that Level of Care, the QMHP-CS may recommend that the client be authorized for LOC – 8: Waiting for All Services.

Before initiating a Waiting list for All Services (LOC-8), Contractor shall ensure:

- Contractor is meeting the current service target for the population;
 - Contractor is meeting the local match requirement; and
 - No Medicaid clients are waiting for services.
6. If a Waiting list for All Services (LOC-8) persists for more than 30 days, Contractor must submit Form II to provide notice and information to HHSC. Form II must be submitted within 45 days of the date the Waiting List for All Services (LOC-8) was initiated.
 7. When placed on the TRR Level of Care Waiting List, and periodically thereafter, clients must be informed about how to access crisis services if needed while they are on the waiting list. Clients in an LOC – 8: Waiting for All Services who require crisis services should receive crisis services. Per UM guidelines:
 - Any individual already in a LOC receives crisis services within that current LOC-A.
 - Following a crisis, providers should reassess the individual to determine further eligibility and the most appropriate LOC-1S – 5 for continuation of services.
 8. Clients with Medicaid who are determined to be in need of Case Management and/or Mental Health Rehabilitative Services must be authorized for a Level of Care that meets their needs and may not be underserved or placed on the TRR Level of Care Waiting List.
 9. If the Adult or Child/Adolescent Uniform Assessment including the ANSA or CANS Assessment indicates that a client with Medicaid qualifies for a level of care (LOC) and the Licensed Practitioner of the Healing Arts (LPHA) subsequently determines that the individual does not need one or more of the Medicaid funded services within the recommended LOC, the LPHA must document why the service or services were not clinically indicated.
 10. Special consideration must be given to clients who are on active duty (fulltime) in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or who is a spouse or child, or surviving spouse or child, of a service member killed in action or who dies while in service. They must have their position(s) maintained

on the waiting list even if they temporarily are residing outside of Texas. Their position on the waiting list also must be maintained for no more than one year after the day the service member's active duty ends, the date the service member was killed in action, or died while in service. The purpose of this provision is to ensure that no service member or their spouse, surviving spouse, or child, or surviving child, who is waiting for an appropriate level of care, suffers disadvantage because of the circumstances of their involvement in the member's military service.

Maintenance of the TRR Level of Care Waiting List

Frequent maintenance of the TRR Level of Care Waiting List is essential to ensure clients who are waiting for an appropriate Level of Care are not deteriorating while they wait for services, to remove clients who can no longer be located from the Waiting List, and to ensure data provided to HHSC is accurate. Following are the requirements regarding maintenance of the TRR Level of Care Waiting List:

1. Individuals with an LOC-R of Adult Level of Care (LOC) 3 or 4 on the TRR Level of Care Waiting List who are waiting for all services (LOC-A = 8) must be contacted by a QMHP-CS at least every 30 days for a Brief Clinical Screening and the Waiting List must be updated accordingly. Individuals with an LOC-R of Adult LOC 1 or 2 on the TRR Level of Care Waiting List who are waiting for all services (LOC-A = 8) must be contacted by a QMHP-CS at least every 90 days for a Brief Clinical Screening and the Waiting List must be updated accordingly. All Children on the TRR Level of Care Waiting List who are waiting for all services (LOC-A = 8) must be contacted by a QMHP-CS at least every 30 days for a Brief Clinical Screening and the Waiting List must be updated accordingly. The Brief Clinical Screening does not need to be a full assessment; but it should include adequate documentation of the individual's stability and determination of the continued need for treatment. For purposes of future contact, it would also be useful to update contact information. As capacity for services becomes available, individuals with a high urgency of need shall be prioritized and moved into these available services.
2. If the client is not able to be contacted during the 30 or 90 day period (see #1 above for required timeframes), there must be documentation of good faith efforts to contact that person or his/her legally authorized representative (LAR) on the Waiting List to determine the continued need for services. Good faith efforts are defined as two or more attempts to contact the client, collateral or LAR regarding service needs. (A "collateral" or "collateral contact" is a source of information that is knowledgeable about the consumer or the consumer's life situation and serves to support or augment the available information relating to a consumer or the consumer's needs. Possible collateral contacts include, but are not limited to past or present landlords, employers, school officials, neighbors, teachers, day care providers, and friends. One effort to contact must be in the form of a letter.) Other efforts to contact may be phone calls or visits to client's home, job-site, or school. The QMHP-CS may want to review the CARE system for designated collateral contacts who may assist in locating clients. Based on

the information gathered, the waiting list data must be updated at least every 30 days.

3. If the client is not able to be contacted after a good faith effort has been made, the client must be removed from the waiting list. However, the client may not be removed from the waiting list until at least 30 days after the preceding contact. However, if the client is an active military service member, or family member, as described in the Development of the TRR Level of Care Waiting List, item number 9, the client's place on the waiting list must be maintained for no more than one year after the day the service member's active duty ends, the date the service member was killed in action, or died while in service.
4. Clients on the TRR Level of Care Waiting List must be assessed using the Adult or Child/Adolescent Uniform Assessment CANS or ANSA after all crisis episodes and at least annually. Good faith efforts must be made to contact every child/youth and adult on the waiting list to complete this annual assessment. Based on the data received, the waiting list data must then be updated.
5. Contractor shall update the annual assessment in a timely manner in order to prevent CMBHS from auto-closing the LOC-A resulting in the client name being dropped from the waiting list.
 - a. If an individual who is on the TRR Level of Care Waiting List refuses the required annual assessment, the refusal shall be documented prior to the date on which the automatic closure occurs.
 - b. If an individual who is on the TRR Level of Care Waiting List cannot be located prior to the date on which the automatic closure occurs, the provider must document at least two good-faith attempts to contact the individual using at least two of the following methods.
 - i. telephone calls (when the individual has a working telephone number),
 - ii. home visits,
 - iii. personal letters.All such attempts to contact the individual must be completed no less than 10 business days prior to the date on which automatic closure occurs in order to provide the individual with a sufficient amount of time to respond to the attempted contacts.
6. The TRR Level of Care Waiting List may be accessed through the Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW). Open the corporate folder entitled "CA Utilization Management" and select the "UM Waiting List" subfolder. Once in the "UM Waiting List" subfolder, open "UM Clients Waiting by Medicaid Status Prompt Month." At this point there are 2 options:
 - a. Full Waiting List: To see all individuals on the Waiting List, select desired month and Run Query. At the bottom of the page, select Waiting List Detail. At top of the page select Division – LOC (All values), Adult or Child. This report also shows the LOC – R.

- b. Medicaid Waiting List: To see individuals with Medicaid entitlement who are on the Waiting List, select desired month and Run Query. At top of page, select Full Medicaid. This gives a detailed list of Medicaid clients on the Waiting List and shows the certification and effective dates of the entitlement.

If individuals with Medicaid entitlement are identified on this MBOW Waiting List report as having been Medicaid eligible when they presented for services, the Contractor must contact them for immediate removal from the Waiting List and authorization for a level of care appropriate to their needs.

In some instances an individual may have been placed on the Waiting List prior to the time they were determined to be eligible for Medicaid. To ensure that such individuals are not denied access to services for which they have an entitlement, Contractor must develop a process that:

- 1) Ensures that waiting lists are reviewed at regular intervals;
- 2) Identifies individuals who have gained Medicaid eligibility while on the waiting list by reviewing the MBOW Medicaid Status report; and
- 3) Documents all attempts to notify those individuals once Medicaid eligibility status is reflected in the MBOW system. Documentation must reflect that contact attempts are made no later than 14 days from when the individuals' Medicaid status is reflected in MBOW.